

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2008</h2>		<b>Complete if Known</b> Application Number <b>10/813,096-Conf. #5658</b> Filing Date <b>March 31, 2004</b> First Named Inventor <b>Ying-Yu KUO</b> Examiner Name <b>J. L. Zubajlo</b> Art Unit <b>2629</b> Attorney Docket No. <b>2519-0295PUS1</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,270.00</b>			

**METHOD OF PAYMENT (check all that apply)**

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: **02-2448**    Deposit Account Name: **Birch, Stewart, Kolasch & Birch, LLP**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**  
 13    - 20 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_    **Fee (\$)**    **Fee Paid (\$)**  
 HP = highest number of total claims paid for, if greater than 20.  
**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 2    - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

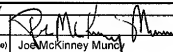
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	1801 Request for continued examination (RCE) (see 37 ...)	810.00
	1252 Extension for response within second month	460.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32,334
Name (Print/Type)	Joe McKinney Muncy	Telephone	(703) 205-8026
		Date	February 13, 2008